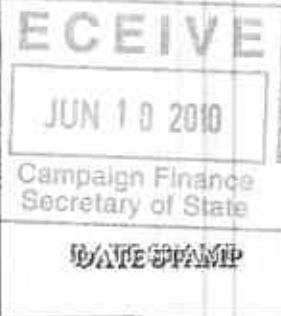


Political Committee  
REPORT OF RECEIPTS AND DISBURSEMENTS  
2010 Judicial Election



Name of Committee Committee to Elect David Shoemaker  
 Address Chamney Judge  
PO Box 2041 Collins MS 39428  
 Telephone 601-765-8284 Fax 601-765-8282  
 Treasurer Billy Dale Shoemaker Email Shoe6651@bellsouth.net

☐ Check here if above is different from previous report

## TYPE OF REPORT

- ☐ May 10, 2010 Periodic Report (January 1, 2010, through April 30, 2010).....Mandatory  
☒ June 10, 2010 Periodic Report (May 1, 2010, through May 31, 2010).....Mandatory  
☐ July 9, 2010 Periodic Report (June 1, 2010, through June 30, 2010).....Mandatory  
☐ October 10, 2009 Periodic Report (July 1, 2010, through September 30, 2010).....Mandatory  
☐ October 26, 2010 Pre-Election Report (October 1, 2010, through October 23, 2010).....Mandatory  
☐ November 16, 2010 Pre-Runoff Report (October 24, 2010, through November 13, 2010).....Runoff Candidates  
☐ January 10, 2011 Periodic Report (October 1, 2010, through December 31, 2010).....Mandatory  
☐ Termination Report (Candidate will no longer accept contributions or make campaign expenditures and has no outstanding campaign debt obligation) Required to terminate reporting obligations

## IMPORTANT

- (1) Pre-Election reports are mandatory, even if no contributions or expenditures have occurred. In such case, the candidate shall submit a report indicating "0" (Zero) for total amount of reported contributions and expenditures during this period.  
 (2) Until a Candidate files a Termination Report, annual and periodic reports must still be filed in accordance with Miss. Code Ann. § 23-15-807 (b) (II) and (III).  
 (3) The receiving authority must be in actual receipt of the required reports by 5:00 p.m. on the reporting day. If the deadline falls on a weekend or a holiday, the office must be in actual receipt of the required reports by 5:00 p.m. on the first working day before the deadline. Faxed reports are acceptable.

## REPORTED CONTRIBUTIONS AND DISBURSEMENTS

	Itemized + Non-itemized =	This Period	Calendar Year-To-Date
Total amount of contributions	\$ 300.00 + \$ 500.00	\$ 800.00	\$ 1300.00
Total amount of disbursements	\$ 76.83 + \$	\$ 76.83	\$ 1162.77
Total amount of cash on hand	137.23	\$	

I certify that I have examined this report and to the best of my knowledge and belief it is true, accurate, and complete.

Billy D. Shoemaker  
Signature of Director or Treasurer

6-10-10  
Date

Authority: Refer to Miss. Code Ann. §23-15-801 (1972) et. seq. for statutory requirements.

Penalties: Failure to submit required reports, or failure to submit reports in accordance with statutory deadlines, or failure to submit valid reports shall result in fines of \$50 per day and/or prosecution in accordance with Miss. Code Ann. §§ 23-15-811 and 813 (1972).

SEND TO: 1. Candidates for Statewide, State district, multi-county and all legislative offices should return form to Secretary of State, Elections Division, P. O. Box 135, Jackson, MS 39206 or fax to 601-359-1498 or 601-576-2819.  
 2. Candidates for countywide and county district offices should return forms to their county Circuit Clerk.

Name of Candidate or Committee To Elect David ShoemakerReporting period May 10 through June 10 - 2010

## ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Willie George Knight CMSGT.</u>		<u>5/12/10</u>	\$ <u>300.00</u>
Mailing Address <u>201 Lafitte Crescent</u>		<u>  /  /  </u>	\$
City, State, Zip Code <u>Ft Walton Beach, FL 32547</u>		<u>  /  /  </u>	\$
Name of Employer (Required) <u>Retired</u>		<u>  /  /  </u>	\$
Occupation (Required) <u>Military</u>		Aggregate year-to-date	\$
B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name		<u>  /  /  </u>	\$
Mailing Address		<u>  /  /  </u>	\$
City, State, Zip Code		<u>  /  /  </u>	\$
Name of Employer (Required)		<u>  /  /  </u>	\$
Occupation (Required)		Aggregate year-to-date	\$
C. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name		<u>  /  /  </u>	\$
Mailing Address		<u>  /  /  </u>	\$
City, State, Zip Code		<u>  /  /  </u>	\$
Name of Employer (Required)		<u>  /  /  </u>	\$
Occupation (Required)		Aggregate year-to-date	\$
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name		<u>  /  /  </u>	\$
Mailing Address		<u>  /  /  </u>	\$
City, State, Zip Code		<u>  /  /  </u>	\$
Name of Employer (Required)		<u>  /  /  </u>	\$
Occupation (Required)		Aggregate year-to-date	\$

Name of Candidate or Committee to Elect David Shoemaker  
 Reporting period May 10 through June 10 - 2010

## ITEMIZED DISBURSEMENTS

A. Full name <u>Covington County Bank</u>		Date (Mo., Day, Year) <u>  /  /  </u>	Amount of each disbursement this period \$ <u>13.58</u>
Mailing Address <u>Check Order</u>		<u>  /  /  </u>	\$
City, State, Zip Code		<u>  /  /  </u>	\$
Purpose of Disbursement (Optional)		Aggregate Year-to-date	\$
B. Full name <u>Winning Edge Communicator</u>		Date (Mo., Day, Year) <u>5/12/10</u>	Amount of each disbursement this period \$ <u>256.65</u>
Mailing Address <u>PO Box 269</u>		<u>  /  /  </u>	\$
City, State, Zip Code <u>Alexandria AL 36250</u>		<u>  /  /  </u>	\$
Purpose of Disbursement (Optional) <u>Push Cards</u>		Aggregate Year-to-date	\$
C. Full name <u>Mendenhall Chamber of Commerce</u>		Date (Mo., Day, Year) <u>5/18/10</u>	Amount of each disbursement this period \$ <u>30.00</u>
Mailing Address <u>PO Box 635</u>		<u>  /  /  </u>	\$
City, State, Zip Code <u>Mendenhall MS 39114</u>		<u>  /  /  </u>	\$
Purpose of Disbursement (Optional) <u>M'bell Day in May</u>		Aggregate Year-to-date	\$
D. Full name <u>Signs First</u>		Date (Mo., Day, Year) <u>5/19/10</u>	Amount of each disbursement this period \$ <u>70.62</u>
Mailing Address <u>4400 Hardy Street, Ste. A-1</u>		<u>  /  /  </u>	\$
City, State, Zip Code <u>Hattiesburg MS 39402</u>		<u>  /  /  </u>	\$
Purpose of Disbursement (Optional) <u>Banner</u>		Aggregate Year-to-date	\$
E. Full name <u>J &amp; L Sales</u>		Date (Mo., Day, Year) <u>  /  /  </u>	Amount of each disbursement this period \$ <u>405.98</u>
Mailing Address <u>3720 Hardy Street, Ste. 21</u>		<u>  /  /  </u>	\$
City, State, Zip Code <u>Hattiesburg MS 39402</u>		<u>  /  /  </u>	\$
Purpose of Disbursement (Optional) <u>Political Fairs</u>		Aggregate Year-to-date	\$
F. Full name		Date (Mo., Day, Year) <u>  /  /  </u>	Amount of each disbursement this period \$
Mailing Address		<u>  /  /  </u>	\$
City, State, Zip Code		<u>  /  /  </u>	\$
Purpose of Disbursement (Optional)		Aggregate Year-to-date	\$